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Atty. Docket: 60117.000006 Attorney Customer No. 21967

P.004/019

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SEP 1 6 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of:)
Jens PETERSEN) Group Art Unit: 1615
Application No.: 09/938,667) Examiner: B. Fubara
Filing Date: August 27, 2001)
Title: POLYACRYLAMIDE HYDROGEL FOR THE TREATMENT OF INCONTINENCE AND VESICOURETAL REFLUX))))

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. §§ 1.56, 1.97, and 1.98, Applicant respectfully requests consideration of the references listed on the attached Form PTO-1449, copies of which are also enclosed.

Applicant respectfully requests that the Examiner consider the references cited on the Form PTO-1449 and that the Examiner indicate that the references have been considered in this application by returning a copy of the Form PTO-1449 with the Examiner's initials in the left column per MPEP 609.

Atty. Docket: 60117.000006 Attorney Customer No. 21967

In the event that a fee is required for this submission, authorization is given to charge the undersigned's Deposit Account No. 50-0206 in the appropriate amount.

Date: September 16, 2004

Respectfully submitted,

Shawn K. Leppo

Registration No. 50,311

(804) 788-8516 (direct telephone) (804) 343-4666 (direct facsimile)

HUNTON & WILLIAMS LLP 1900 K Street, N.W., Suite 1200 Washington, D.C. 20006-1109 Ph. (202) 955-1500 Fax (202) 778-2201 From-HUNTON & WILLIAMS .

Page 1 of 1

FORM PTO-1449 U.S. DEPARTMENT OF COMMERCE (REV. 7-80) PATENT AND TRADEMARK OFFICE				ICE	E ATTY. DOCKET NO.: 60117.000006				SERIAL NO.: 09/938,667		
					INVENTOR'S NAME:				EXAMIN	ER:	
LIST	OF MA	TERIALS CITED BY	APPLICANT			Petersen	·		B. Fuba	ага	
(Use several sheets if necessary)				FILING DATE: August 27, 2001				GROUP: 1615			
			U.S. PA	TENT	DOCUN	MENTS					
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DIRECT DIAL:

804-788-8516

Shawn K. Leppo

☐ Yes ⊠ No

Ex. Blessing Fubara

(703) 872-9306

(571) 242-0594

18

Group Art Unit 1615 - USPTO

MESSAGE

FROM

Attached Supplemental Information Disclosure Statement

IF PROBLEM WITH TRANSMISSION, PLEASE CONTACT OPERATOR AT 804 • 788 • 8670.

OPERATOR

DATE:

September 16, 2004

TIME:

CLIENT/MATTER NAME:

Jens Petersen (SN 09/938,667)

CLIENT/MATTER NO.;

60**17**7.000006

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SEP 1 6 2004

Attorney Docket No. <u>60117.000006</u> Attorney Customer No. <u>21967</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U	S Patent Application of:)	
Jens P	ETERSEN) }	
Applic	ation No.: 09/938,667)	Group Art Unit: 1615
Filing Date: August 27, 2001			Examiner: B. Fubara
Title:	POLYACRYLAMIDE HYDROGEL)	-
	FOR THE TREATMENT OF)	•
	INCONTINENCE AND)	
	VESICOURETAL REFLUX),	

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Enclosed is a Supplemental Information Disclosure Statement, accompanying form PTO-1449 and a copy of the cited references in connection with the above-identified patent application.

copy of	the cited references in connection with the above-identified patent application.
[]	No additional fee for submission of an IDS is required.
[X]	The fee of \$180.00 as set forth in 37 C.F.R. §1.17(p) is required. Please charge this required fee to Deposit Account No. 50-0206
[]	A certification under 37 C.F.R. §1.97(e) is also enclosed.
[]	A certification under 37 C.F.R. §1.97(e), a petition requesting consideration of the information disclosure statement, and the petition fee of \$130.00 as set forth in 37 C.F.R. §1.17(i) are also enclosed.
[]	Charge \$ to Deposit Account No. 08-3436 for the fee due.

Attorney Docket No. <u>60117.000006</u> Attorney Customer No. <u>21967</u>

Page 2

- [X] A Certificate of Transmission Under 37 C.F.R. §1.8.
- [] A self-addressed stamped return postcard.

The Commissioner is hereby authorized to charge any appropriate fees that may be required by this paper to Deposit Account No. 50-0206.

Date: September 16, 2004

HUNTON & WILLIAMS, LLP Riverfront Plaza, East Tower 1900 K Street, N.W., Suite 1200 Washington, D.C. 20006-1109 Ph. (202) 955-1500 Fax (202) 778-2201 Respectfully Submitted,

Shawn K. Leppo

Registration No. 50,311 (804) 788-8516 direct dial (804) 343-4666 direct fax

Approved for use through 10/31/2002, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on September 16, 2004

From-HUNTON & WILLIAMS

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Lorrie K. Wesolosky Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

- 1. Supplemental Information Disclosure Statement Transmittal Letter (2 pages)
- 2. Supplemental Information Disclosure Statement (2 pages)
- 3. Form PTO-1449 and attached reference (13 page)
- 4. Fax Cover Sheet (1 page)

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.